

Woodin Creek Dental

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Phone: 425-947-2727

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

Effective Date: February 16, 2026

OUR LEGAL DUTY

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical and dental records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are properly kept confidential. HIPAA gives you, the patient, significant rights to understand and control how your health information is used.

HIPAA provides penalties for covered entities, including our Practice, that misuse "protected health information" (PHI). PHI is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services. We are required by law to maintain the privacy of your PHI and to provide you with this notice of our legal duties and privacy practices with respect to your PHI. We also have legal obligations to notify you in the event of a breach of unsecured PHI.

This Notice of Privacy Practices describes how we may use and disclose your PHI for treatment, payment, healthcare operations, and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. This Notice of Privacy Practices is effective as of February 16, 2026, and remains in effect until we replace it. We are required to abide by the terms of the Notice currently in effect.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make any changes effective for all PHI we maintain. In the event of a change, we will provide you with a copy of the revised Notice by posting it to our website, mailing you a copy, or providing a copy at your next appointment.

You may request a copy of our current Notice at any time. For more information, please contact us using the information listed at the end of this Notice.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Treatment: We may use or disclose your PHI to personnel in our office, as well as to physicians and other healthcare professionals within or outside our office, who are involved in your medical care. We may use or disclose your PHI in consultations with healthcare providers we refer to or receive referrals from. We require authorization to disclose your PHI to healthcare providers not currently involved in your care.

Payment: We may use and disclose your PHI to obtain payment for services we provide to you. If you personally pay in full for a service, you have the right to restrict us from disclosing your PHI for that service to your health plan/insurer. For example, we may give your health insurance provider information about you so that they will pay for your treatment.

Healthcare Operations: We may use and disclose your PHI in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing, and credentialing activities. For example, we may disclose PHI to dental students performing work with our office, or call your name in the reception area.

Appointment Reminders and Other Contacts: We may disclose PHI in the course of providing you with appointment reminders via phone messages, postcards, letters, or electronic communications. We also may use and disclose PHI to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Business Associates: We may disclose PHI to our business associates, such as billing services or healthcare professionals providing services as independent contractors, for the purpose of performing specified functions on our behalf. All business associates are obligated to protect the privacy of PHI and are not allowed to use or disclose PHI other than as specified in our contract with them.

Your Family, Friends, and Representatives: We may use or disclose PHI to notify or assist in notifying a family member, domestic partner, close personal friend, your personal representative, or another person involved in your care. If you are present, we will provide you with an opportunity to object before making such disclosures. In the event of your incapacity or emergency circumstances, we will disclose PHI that is directly relevant to the person's involvement in your care based on our professional judgment. We will not disclose PHI if doing so would be inconsistent with any of your prior wishes known to us.

Abuse or Neglect: We may disclose your PHI to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence, or the victim of other crimes. We may disclose your PHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

Coroners, Medical Examiners, and Funeral Directors: We may release PHI to coroners or medical examiners as necessary for purposes such as identifying a deceased person or determining cause of death. We may also release PHI to funeral directors as necessary for their duties.

National Security: Under certain circumstances, we may disclose PHI to military authorities and to authorized federal officials as required for lawful intelligence, counterintelligence, and other national security activities. Under certain circumstances, we may disclose PHI to a correctional institution or law enforcement official.

Fundraising: We may contact you in relation to fundraising activities; however, you have the right to opt out of receiving such communications at any time. If we maintain substance use disorder (SUD) treatment records subject to 42 CFR Part 2, we will provide you with a clear and conspicuous opportunity to decline receiving fundraising communications related to those records before using them for fundraising.

Data Breach Notification: We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your PHI.

Required by Law: We may use or disclose your PHI when required to do so by law. Such circumstances include, but are not limited to, compliance with a court order, mandatory reporting due to serious or imminent threats to the public, mandatory reporting of child abuse or neglect, in response to government agency audits or investigations, and reporting disclosures to the Secretary of the Department of Health and Human Services as necessary for the purpose of investigating or determining our compliance with HIPAA and HITECH rules.

SUBSTANCE USE DISORDER (SUD) RECORDS — SPECIAL PROTECTIONS (42 CFR PART 2)

Federal law provides heightened confidentiality protections for records related to substance use disorder (SUD) diagnosis, treatment, or referral created by federally assisted SUD treatment programs (“Part 2 Programs”). These records are governed by 42 U.S.C. § 290dd-2 and 42 CFR Part 2 (“Part 2”), which impose stricter requirements than HIPAA. Where Part 2 is more restrictive than HIPAA, the stricter law applies.

If we receive or maintain any information about you from a Part 2 Program through a general consent you provided to the Part 2 Program to use and disclose records for treatment, payment, or healthcare operations, we may use and disclose your Part 2 records for those same purposes as described in this Notice. If we receive your Part 2 records through a specific written consent provided by you, we will use and disclose those records only as expressly permitted by that consent.

Restrictions on Use in Legal Proceedings:

SUD treatment records subject to Part 2 WILL NOT be used or disclosed in any criminal, civil, administrative, or legislative proceeding conducted by a federal, state, or local authority against you, UNLESS you provide written consent or a court issues a valid court order authorizing such disclosure. This protection applies even if disclosure would otherwise be permitted under HIPAA.

Re-Disclosure Warning:

Please be aware that once your SUD information is disclosed to a third party, it may be re-disclosed by that recipient and may no longer be protected by HIPAA or Part 2 in all circumstances. You have the right to request restrictions on disclosures of your SUD records, and we will honor any legally required restrictions.

Your Rights Regarding SUD Records:

With respect to SUD records subject to Part 2, you have the right to:

- Access and receive copies of your Part 2 records, subject to limited exceptions.
- Request amendments to your Part 2 records.
- Receive an accounting of certain disclosures of your Part 2 records.
- Request restrictions on uses and disclosures of your Part 2 records.
- Receive a breach notification if your unsecured Part 2 records are improperly accessed or disclosed.

YOU MAY PROVIDE ADDITIONAL AUTHORIZATION

Marketing Uses: We may only use or disclose your PHI for marketing purposes if you authorize us to do so. Such authorization would allow us to disclose PHI to a third party vendor business associate for the purpose of providing you with targeted supplementary products or services when your provider believes such offerings will be of value to you. Your authorization may be revoked in writing at any time. Revocation will not affect any use or disclosures permitted while the authorization was in effect.

Sale: We may only use or disclose your PHI in a manner that constitutes a sale of information if you authorize us to do so. Your authorization may be revoked in writing at any time. Revocation will not affect any use or disclosures permitted while the authorization was in effect.

To Others Upon Your Specific Authorization: You may give us written authorization to use your PHI or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted while the authorization was in effect. If we maintain any psychotherapy notes, they will not be released unless you sign an authorization or if otherwise required by law. Consistent with the Genetic Information Nondiscrimination Act (GINA), our Practice will not use or disclose your genetic information to insurance providers or others for underwriting purposes.

YOUR PATIENT RIGHTS

Access: You have the right to inspect and receive copies of your PHI, including in electronic format, with limited exceptions. You may also request a summary or explanation of your PHI. To obtain copies, you must make a written request and provide us reasonable time to respond, generally thirty (30) days. We will charge a reasonable cost-based fee for copies, postage, scanning, or staff time. Contact us for a full explanation of fees.

Notification of a Breach: We will notify you of a breach of your unsecured PHI as required by HIPAA and the Health Information Technology for Economic and Clinical Health Act (HITECH).

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your PHI for purposes other than treatment, payment, healthcare operations, and other permitted uses described in this Notice, for the last three (3) years. You may request this accounting in an electronic format. If you request this more than once in a 12-month period, we may charge a reasonable fee.

Restrictions: You have the right to request that we place additional restrictions on our use or disclosure of your PHI. We are not required to agree to these restrictions, but if we do, we will abide by our agreement except in emergency circumstances.

Electronic, Alternative, or Confidential Communication: You have the right to request that we communicate with you by alternative means or at alternative locations. Your request must specify the alternative means or location and provide a satisfactory explanation of how payments will be handled.

Amendment: You have the right to request, in writing, that we amend your PHI. Your request must explain why the information should be amended. We may deny your request under certain circumstances.

Electronic Notice: If you receive this Notice on our website or by email, you are entitled to receive a copy in written form.

QUESTIONS AND COMPLAINTS

If you have any concerns that we may have violated your privacy rights, or if you disagree with a decision we made about access to your PHI, please contact us using the information below. You also have the right to submit a written complaint to the U.S. Department of Health and Human Services Office for Civil Rights (OCR). We will not retaliate against you in any way if you choose to file a complaint.

To file a complaint with HHS/OCR:

Office for Civil Rights, U.S. Department of Health and Human Services

Website: www.hhs.gov/ocr/privacy

Complaint Portal: ocrportal.hhs.gov

Phone: 1-800-368-1019 (toll-free) | 1-800-537-7697 (TDD)

To reach our Privacy Contact Officer:

Contact Officer: Dr. Evan Chiang

Address: 17705 140th Ave NE, Ste A-14, Woodinville, WA 98072

Phone: 425-947-2727

Email: woodincreekdental@gmail.com